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Bell Laboratories, Inc.
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26 December 2012

Document Processing Desk - 6A2
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Ave. N.W.
Washington, DC 20460

Re: FIFRA Section 6(a)(2) – Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter:	Craig A. Riekena Compliance Manager Bell Laboratories, Inc.	Registrant Name:	Bell Laboratories, Inc. 3699 Kinsman Blvd. Madison, WI 53597
Transmittal Date:	December 26, 2012	Submission:	Voluntary Incident Report

Reportable Substance(s):

Product	EPA Reg. #
Hawk Bait Chunx	124455-79-3240
Tomcat Ultra Feeder Pac	12455-76-3240

Sincerely,

Bell Laboratories, Inc.

Craig A. Riekena
Compliance Manager
Bell Laboratories, Inc.
criekena@belllabs.com

Personal privacy information

-001

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]		Submission date.	Contact person (if different than reporter)	Internal ID ***1073695***
	Address ***Fairview, OK*** ***USA***			Address	
	Phone # [redacted]			Phone #	
	Incident Status: ***New***	Location and date of incident ***Fairview, OK*** ***USA*** ***10/14/2012***		Date registrant became aware of incident. ***11/14/2012***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***12455-79-3240***		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)		A.I. (s)		A.I. (s)
	Product 1 name ***Hawk Bait Chunx (discontinued)***		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation ***wax block***		Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Farm***		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***				

2

Brief description of incident circumstances.

White, Vicki Nov 14 2012 8:45AM
Hx Caller states there was a water spill in a garage. He has thrown blocks around the water softener for years. A line broke and flooded the area. His wife worked cleaning up the area next to the product. 1 day later his wife's legs became weak and sore. She thought she was tired but it did not go away and got worse. 1 wk later she went to the doctor. She has a high white blood count, hemoglobin low, many other things the doctor said that he can't remember. She is very short-winded. Urinary problems ruled out. Diagnosed with type A pneumonia on 11-8, another doctor said that was not it. She has been on antibiotic for 2 weeks and white count dropped. Chest xray now negative. Reduced tidal volume. Blood clotting factors were tested and found good.

A This product is not effective in dermal exposures. This is a LAAC and causes bleeding related symptoms. Blood clotting factors were tested and found good, that test should rule out this product. Have the doctor contact us using your case reference number if more information or consultation is needed. If further questions or concerns arise, call us 24/7. Gave case #.
* * * * * * * * * * * * * * * * * *
Nordaune, Abby Nov 15 2012 4:24PM
Cb from Dr. VJ, a pulmonary specialist. He confirms previous diagnoses and tests and states she was referred to him by her previous physician. He has performed no tests or done anything else for her prior to the call. He just wants to verify AI and MOA of the product.

A: Reviewed AI and MOA of the product. We would not expect sxs unless actually ingested. Cb prn with further questions or concerns.
* * * * * * * * * * * * * * * * * *
Yeager, Greg Nov 23 2012 11:03AM
CB complete. Wife is still undergoing testing with her doctor, and doctor has been unable to make diagnosis for cause of sxs. Rec continue care with doctor and CB with any further questions.

If any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 and refer to your reference number so that we can advise on further treatment.

Demographic information: Age: ***64 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***24 hrs or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-treated & released***	List signs/symptoms/adverse effects ***Neurological-Muscle weakness*** ***Respiratory-Dyspnea/Shortness of Breath*** ***Heme/Hepatic-Anemia*** ***Heme/Hepatic-Leukocytosis (high WBC)***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1073695

Personal privacy information

-002

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***1075814***
	Address ***Battle Creek, IA 51006*** ***USA***		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Battle Creek, IA*** ***USA*** ***11/17/2012***	Date registrant became aware of incident. ***11/18/2012***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***12455-76-3240***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Tomcat Ultra Feeder Pac (discontinued)***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***pellet***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

5

Brief description of incident circumstances.

Nordstrom, Dan Nov 18 2012 1:13AM
Hx: Caller states he found a bottle of pellets in a bottle and is unsure if his 2 y/o daughter may have ingested some of the product about 1.5 days ago. Caller states the child has developed sx of hives, is agitated, confused, lethargic, and is crying often. Caller states the child was put on a medication for cold sx about 2 days ago b her pediatrician.

A: Ingestions of less than one oz of product are not likely to result in any adversity. Keep far out the reach of children in the future as sub-toxic chronic doses can result in toxicity over time. Over the next 2-5 days, watch the child for evidence of toxicity: V, D, blood in the urine or stools, bloody nose, unusual bruising. If sxs observed, take immediately to pediatrician for PT +/- Vitamin K 1 antidote.

The sx described does not fit the toxicological profile of this product. However, the sx described are potentially serious and should be evaluated by MD. Bring product information with you and have your doctor contact us using your case reference number if more information or consultation is needed.
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Brutlag, Ahna Nov 19 2012 10:34AM
reviewed
* * * * * * * * * * * * * * * * * *
Yeager, Greg Nov 20 2012 10:18AM
CB complete. Child was taken to ER, and diagnosed with strep throat. MD did check PT, and results were normal. Daughter is being treated for strep, and is doing well. Caller was appreciative of the assistance they received on the initial call.

If any new or unexpected symptoms develop, please contact us 24/7 and refer to your reference number so that we can advise on further treatment.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 2 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Ingestion/oral</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
30 min or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-unknown disposition</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Hives/Welts
Neurological-Agitated/irritable
Neurological-Confusion
Neurological-Drowsiness/Lethargy
Neurological-Vocalization</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
10758[illegible]</td></tr>
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